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то:	FROM:					
Examiner Mark Bockelman and OIPE	M. Robert Kestenbaum					
COMPANY:	DATE:					
Commissioner for Patents	SEPTEMBER 23, 2006					
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:					
571 273 8300	Examiner Bockelman – 2 pages					
	OIPE – 4 pages					
HONE NUMBER:	SENDER'S REFERENCE NUMBER:					
571 272 49 41	TRI 42					
E:	YOUR REFERENCE NUMBER:					
Request for Withdrawal as Attorney or	09/398,854					
Agent	•					

NOTES/COMMENTS:

Attention: Examiner Bockelman

I am faxing a Request for Withdrawal as Attorney or Agent for this application. I have been informed by the inventors' representatives with whom I have dealt in Germany that the clients do not wish to pursue this reissue application. They have also informed me that they do not know whom I should contact to see if an assignee wishes to pursue this matter.

Sinderely

M. Robert Kestenbaum

Reg No. 20,430

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PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0851-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/398,854
Filing Date	September 17, 1999
First Named Inventor	Baumann
Art Unit	3766
Examiner Name	Mark Bockelman
Attorney Docket Number	(B&B)TRI-42

P.0	nmissioner fo . Box 1450 candria, VA 22								
ł									
· ·	apply to withdraw as attorney or agent for the above identified patent application.								
	sons for this request are:								
Karl-Heinz no longer in office action office action	My representation for this Reissue Application was based upon my representation of the inventors and direct interaction with Karl-Heinz Otto's counsel in Germany. I have been informed by Herr Otto's German legal representative that the inventors are no longer interested in pursuing the reissue application, nor do they know who I should contact to give notice of the pending office action in this reissue application. I was instructed by the German legal representative not to respond to the outstanding office action. I do not have any contact points for the assignee. Therefore, I do not have an address to use for directing future correspondence. Please remove my name as the legal representative for this application.								
		CORRESPONDENCE ADDRESS							
1. 🔲 TI	e correspondence address is NOT affected by this withdrawal.								
2. 🗌 C	hange the correspondence address and direct all future correspondence to:								
OR Custo	omer Number								
Firm (NF				·· ····				
	iual Name	Unknown							
Address									
Address				··					
City			State		ZIP				
Country	•								
Telephone			Fax						
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number									
This request is enclosed in triplicate (including any attachments).									
Name	M. Robert Kestenbaum								
Signature	111.0	lut hop	Registra	tion No.	20,430	·			
Date	9/23/2006								
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between									

approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, land submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: